



**IN THE UNITED STATES**  
**PATENT AND TRADEMARK OFFICE**

APPLICANTS: Albert K. Chin

APPLICATION NO.: 09/635,345

FILING DATE: August 9, 2000

TITLE: Apparatus and Methods for Subxiphoid Endoscopic Access

EXAMINER: Thomas C. Barrett

GROUP ART UNIT: 3738

ATTY. DKT. NO.: 80121-07179

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: 2/15/06 By: A.C. Smith  
Albert C. Smith, Reg. No.: 20,355

COMMISSIONER FOR PATENTS  
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**STATUS REQUEST**

SIR:

Our file for the subject application reveals that there has been no action on this application since the granting of Applicant's Petition for Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR §1.137(b). The response granting this Petition was mailed November 21, 2005.

Please inform the undersigned, at the below stated address, of the status of  
this application.

Respectfully submitted,  
Albert K. Chin

Dated: 2/15/06

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FEB. 21 2008

## **TRANSMITTAL FORM**

*(to be used for all correspondence during pendency of  
filed application)*

 <b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>	Application Number	09/635,345	
	Filing Date	August 9, 2000	
	First Named Inventor	Albert K. Chin	
	Group Art Unit Number	3738	
	Examiner Name	Thomas C. Barrett	
Total Number of Pages in This Submission	3	Attorney Docket Number	80121-07179

**ENCLOSURES** (*check all that apply*)

- |   |  |
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| <input type="checkbox"/> Response to Notice to File Missing Parts   | <input type="checkbox"/> Formal Drawing(s):<br>[ ] Sheet(s) of Figure(s) [ ]   |
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| <input type="checkbox"/> Declaration  | <input type="checkbox"/> Appeal Communication to Group<br><i>(Appeal Notice, Brief, Reply Brief)</i>   |
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| <input checked="" type="checkbox"/> Status Request  |  |
| <input type="checkbox"/> Revocation and Substitute Power of Attorney  |  |

**REMARKS:**

**SIGNATURE OF ATTORNEY OR AGENT**

Signature:	<i>A. C. Smith</i>
Attorney/Reg. No.:	Albert C. Smith, Reg. No. 20,355
	Dated: 2/15/06

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Signature:	<i>A. C. Smith</i>		
Typed or Printed Name:	Albert C. Smith	Dated:	2/15/06
Express Mail Mailing Number (optional):			